



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Waiters	Joann		(202) 624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, NW, Suite 700			(202) 572-4858
(City)	(State)	(Zip Code)	
Washington	DC	20001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Council of Life Insurers		(202) 624-2177
MAILING ADDRESS (Street)		FAX
101 Constitution Avenue, NW, Suite 700		(202) 572-4858
(City)	(State)	(Zip Code)
Washington	DC	20001
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Joann Waiters		(202) 624-2177
MAILING ADDRESS (Street)		FAX
101 Constitution Avenue, NW, Suite 700		(202) 572-4858
(City)	(State)	(Zip Code)
Washington, DC		20001

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) Life Insurance Annuities Group Health, Long-Term Care Insurance, Disability Income Ins.
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Joann Waiters
(Signature of Lobbyist)

1/21/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
J. Bruce Ferguson	Senior Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Council of Life Insurers	(202) 624-2385

MAILING ADDRESS (Street)	FAX
101 Constitution Avenue, NW , Suite 700	

(City)	(State)	(Zip Code)
Washington	DC	20001

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

X J. Bruce Ferguson
(Signature of Authorizing Officer or Person Represented)

1.25.05
(Date)